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030678 7390 01/19/2006

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<i>Deborah A. Bacht</i>	(Depositor's name)
<i>Deborah A. Bacht</i>	(Signature)
4/19/06	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/605,990	11/12/2003	Peter A. Habitz	BUR920020122US1	2989

**TITLE OF INVENTION: ELECTROMIGRATION CHECK OF SIGNAL NETS USING NET CAPACITANCE TO DETERMINE THERMAL CHARACTERISTICS**

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

10605990

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WACHSMAN, HAL D	2857	702-065000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>CONNOLLY, BOVE,</u> 2 <u>LODGE &amp; HUTZ LLP</u> 3 <u> </u>
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
International Business Machines Corporation	Armonk, New York

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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<input type="checkbox"/> Advance Order - # of Copies _____	

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Authorized Signature <u>Myron K. Wyche</u>	Date <u>4/19/06</u>
Typed or printed name <u>Myron K. Wyche</u>	Registration No. <u>47,341</u>

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